

ISSUE SHEET STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NEW	71530	08-24-58
O.I.P.E. CLASSIFIER		10	8/25/98
FORMALITY REVIEW	BB	00447	9-2

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	A	9/2/58
2	✓	A	9/2/58
3	✓	A	9/2/58
4	✓	A	9/2/58
5	✓	A	9/2/58
6	✓	A	9/2/58
7	✓	A	9/2/58
8	✓	A	9/2/58
9	✓	A	9/2/58
10	✓	A	9/2/58
11	✓	A	9/2/58
12	✓	A	9/2/58
13	✓	A	9/2/58
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here